


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90163 003 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000007380					
1. Corporation Name ORIGINAL PERSONALIZED GIFTS, INC.					
Principal Place of Business P.O. BOX 840009 HOLLYWOOD FL 33084			Mailing Address P.O. BOX 840009 HOLLYWOOD FL 33084		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 21079 Escondido Way Suite, Apt. #, etc.		2a. Mailing Address 26 21079 Escondido Way Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/23/1998	
22 Boca Raton FL City & State		27 Boca Raton FL City & State		4. FEI Number 65-0807886	
23 33433 Zip		28 33433 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 USA Country		29 USA Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA Country		30 USA Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent TRAGER, ROSS 1000 N HIATUS ROAD PEMBROKE PINES FL 33026			10. Name and Address of New Registered Agent 81 Name mark Bernstein, CPA 82 Street Address (P.O. Box Number is Not Acceptable) 5001 S. University Drive 83 #A 84 City Dave FL 85 Zip Code 33328		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE [Signature] DATE 2-1-99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME LEEFAR, MARCY			1.2 NAME		
1.3 STREET ADDRESS 1000 N HIATUS ROAD STE 110			1.3 STREET ADDRESS 21079 Escondido Way		
1.4 CITY-ST-ZIP PEMBROKE PINES FL 33026			1.4 CITY-ST-ZIP Boca Raton, FL 33433		
2.1 TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME LEEFAR, ANDREW			2.2 NAME		
2.3 STREET ADDRESS 1000 N HIATUS ROAD STE 110			2.3 STREET ADDRESS 21079 Escondido Way		
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6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0176754